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Bib Data Sheet

CONFIRMATION NO. 5530

<b>SERIAL NUMBER</b> 09/939,656	<b>FILING DATE</b> 08/28/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> P 265228 VI/98 03. PAC. O. E. C. 1 MAIL ROOM -2 2001 RECEIVED
<b>APPLICANTS</b> Arthur E. Uber III, Pittsburgh, PA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/575,809 05/22/2000 PAT 6,306,117 WHICH IS A CON OF 09/102,554 06/23/1998 PAT 6,149,627 WHICH IS A CON OF 08/755,755 10/21/1996 PAT 5,843,037 WHICH IS A CON OF 08/144,460 10/28/1993 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/18/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 7
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Pillsbury Winthrop LLP Intellectual Property Group 1600 Tysons Boulevard McLean, VA 22102				
<b>TITLE</b> Multi-patient fluid dispensing				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	